



CHUH Professional Learning Request Form (Out of District)

All applications should be received four (4) weeks before the requested dates if travel arrangements are required and at least two (2) weeks if no arrangements are needed.

Application for Professional Leave Cancellation of Previous Request Consultant Request

Name as it appears on State ID: _____ DOB: _____

School/Dept.: _____ Grade/Subject.: _____

Cell Phone number: _____ Emergency Contact: _____

Conference Name: _____ Date(s) _____ Location: _____

Will you receive compensation/seat time for attending? Yes No If yes, how much? _____

REQUIREMENTS: A copy of the Program Brochure must be attached. All applicants must submit a professional Learning implementation plan using the QR CODE located to the right of this form. This must be completed and approved prior to attending any Professional Learning. For additional information, refer to the Professional Learning Travel Guidelines at CHUH.org. A funding source must be included prior to final approval. NEW (beginning January 2026): A completed [CHUH Professional Learning Form](#) will need to be submitted before approval.



tinyurl.com/CHUHPLForm

Estimated Expenses

Substitute Cost: _____ I will share a room I will room alone & pay half of the room expenses

Registration Fee: _____ # of nights _____ X _____ = \$ _____

Consultant Fee: _____ Preferred Airline/Flight #: _____

Attach W-9 _____

Lodging: _____ miles x .72.5 per mile = \$ _____

Meals: _____ Mileage \$ _____ Luggage: \$ _____

*Transportation: _____ Airfare: \$ _____ Uber/Taxi \$ _____

* Use of a car rental must be approved by the CAO and/or Superintendent

Total Estimated Expenses: _____ Parking \$ _____ Other fees \$ _____

Total: \$ _____

Departure Date _____ Return _____

I have read and agree to the conditions stated on this form. I understand that I am responsible for all non-refundable costs if I cancel my attendance and a suitable replacement cannot be found. Furthermore, I acknowledge that if the Academic Services Dept does not grant final approval, I will be responsible for all associated costs.

Applicant's Signature _____ Date: _____

FOR SUPERVISOR/PRINCIPAL USE ONLY

Approve as Requested Approve Partially Denied

Requisition # _____ Purchase Order # _____

Supervisor's Signature: _____ Date: _____

FOR CHIEF ACADEMIC OFFICER/ACADEMIC SERVICES

Approve as Requested Approve Partially Denied

Signature: _____ Date: _____